

# Medical Control Seminar -- 2011

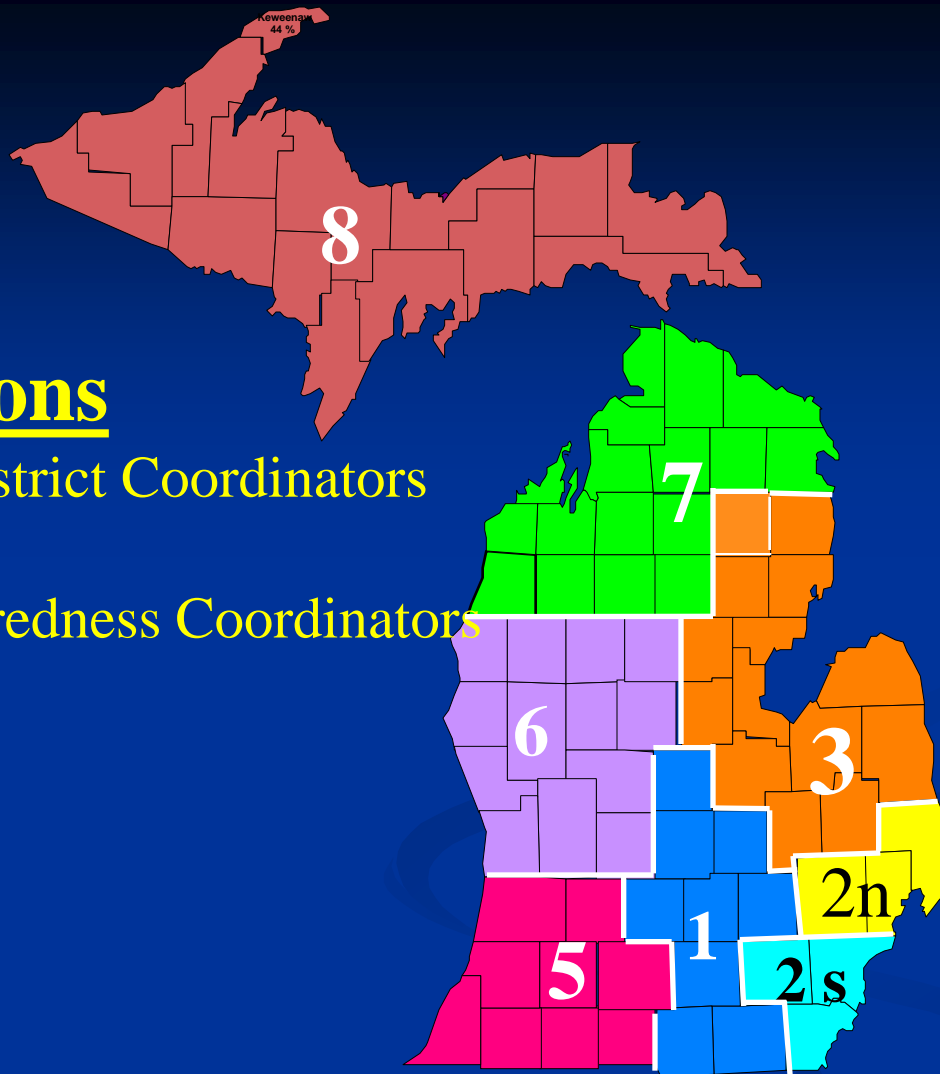
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# First Things First



# Expanded Role of Medical Directors

- Emergency Preparedness
  - Understanding the Regional Medical Coordination Center (RMCC)
  - Activation of MEDDRUN/Chempack
  - Scare Resource Allocation
  - Burn Surge Plan
- Your **LEADERSHIP** is critical



# Preparedness Regions

- Emergency Management District Coordinators
- Regional Health Care Preparedness Coordinators
- Regional Medical Directors
- Trauma Regions

# Emergency Preparedness

- Regional Medical Coordination Center (RMCC)
- Who
- What
- When
- Where

Provide assistance and help coordinate health care response when normal operations are exhausted.

# Regional Medical Coordination Center –



- The Regional Medical Coordination Center (RMCC) is intended to support and assist medical response.

RMCC's help facilitate standardization and interoperability of health care operations and ensure optimum and efficient use of resources.

# RMCC

- Defined in the State Mass Casualty Incidents Protocol
  - The MCC serves as a regional multi-agency coordination center entity as defined by the National Incident Management System (NIMS). The MCC serves as a single regional point of contact for the coordination of healthcare resources. The MCC is intended to optimize resource coordination among hospitals, EMS agencies, medical control authorities and other resources. The MCC serves as a link to the Community Health Emergency Coordination Center (CHECC) which is the health care arm of the SEOC.
  - The MCC acts as an extension and agent of the Medical Control Authority.

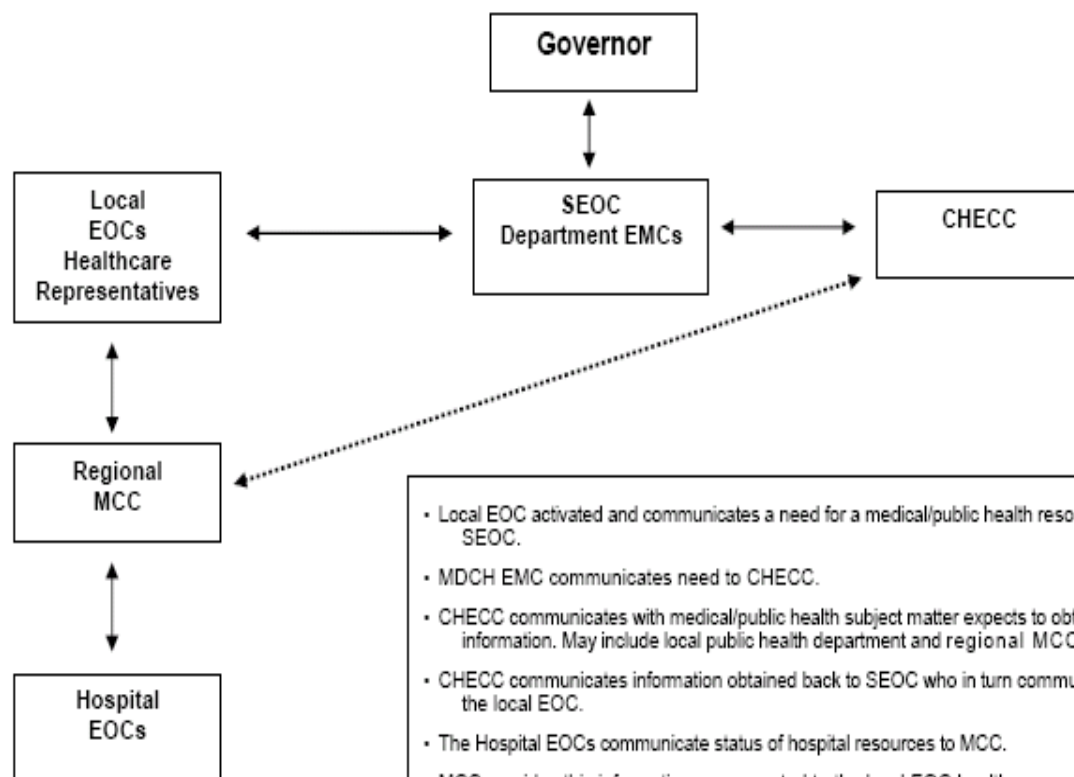


# RMCC

- It is the intent of this protocol that the Medical Coordination Center and the personnel staffing the MCC and performing the functions are afforded immunity from liability whether or not a Mass Casualty Incident has occurred, as provided through MCL 333.20965 of Part 209 of PA 368 of 1978, as amended. This section specifically provides immunity and liability protection to Medical Control Authorities in the development and implementation of department-approved protocols.



## Medical Communications Pathway During Emergency Response



- Local EOC activated and communicates a need for a medical/public health resource to SEOC.
- MDCH EMC communicates need to CHECC.
- CHECC communicates with medical/public health subject matter experts to obtain information. May include local public health department and regional MCC.
- CHECC communicates information obtained back to SEOC who in turn communicates to the local EOC.
- The Hospital EOCs communicate status of hospital resources to MCC.
- MCC provides this information as requested to the local EOC healthcare representative.

SEOC - State Emergency Operations Center  
 CHECC- Community Health Emergency Coordination Center  
 MCC - Medical Coordination Center  
 EOC - Emergency Operation Center  
 EMC - Emergency Management Coordinator

# MEDDRUN

- Michigan Emergency Drug Delivery Resource Utilization Network



# MEDDRUN

## Purpose

- Bridge the gap between local resources and the SNS
- Rapidly deploy lifesaving medications & supplies (MedPack) to hospital or emergency casualty site ideally within one hour of request

# MEDDRUN

## ■ Who is it for?

1. MCA, EMS, and Incident Command on Scene
2. Hospital/EMS/ Emergency Management/ Public Health
3. MDCH- OPHP/ MSP

Designed to protect us and treat our citizens

# What

- 16 Strategically placed identical MedPacks to treat approximately 100 patients
- Requested through identical process out the door 15 minutes >>> scene 1 hour
- Antidotes and supplies (nerve agents, cyanide, and radiation)

# What

- Green - antidotes      White – PPE/ Supplies
- Blue              oxygen support and inhalers
- Red              Doxy              Yellow              Midazolam





# When

- Available 24/7 for an MCI or medical surge incident
- Pre-deployment for major events.



# Where

- Anywhere in Michigan.



# MEDDRUN

## ■ AUTHORIZATION

- Any Michigan Hospital, local public health agency, or emergency management program. Authorized officials include designated representatives from the Office of Public Health Preparedness (OPHP), the Michigan State Police (MSP) and the Regional Bioterrorism Preparedness projects.

## ■ ACTIVATION

- The first may be any EMS personnel that identifies the need; the second may be a hospital, public health, EOC or Emergency Management that identifies a need for activation.

# MEDDRUN Refinements

- Cyanide

Cyanokits increasing from 5 to 15 and will replace the old regimen  
(Amyl Nitrite, Sodium Nitrite, Sodium Thiosulfate)

- DuoDotes replaced Mark 1 Kits (single IM auto injector)

- Removing some weight (PPE and Gloves)

- MedPack under 250#

- Radiological

DTPA/ Prussian Blue (at 4 sites)

# CHEMPACK (Federal Asset)

- Nerve agent antidotes supplied by CDC
- Coordinated through the regional initiative
- 67 Chempacks deployed at 37 sites
- Continually updated and examined by regional staff at least twice a year

**UP TO 1000 PATIENTS**





# CHEMPACK





# CHEMPACK/ MEDDRUN

- State Protocols have been developed to assist in the activation/ use (CBRNE section)
- MEDICAL DIRECTORS MUST BE AWARE OF THIS ASSETT.



# Quick Review

- CHEMPACK nerve agent antidotes for 1000 (FEDERAL ASSETT)
- MEDDRUN MCI , Chemical Incident, Radiological for 100 (STATE ASSETT)
- Identical request number

# 1 Number 1 Request

- 877-633-7786 (Survival Flight) is the Primary Communications Center that is used from anywhere in the state
- Secondary (Aero Med) 616-391-5330
- You only request.....They will send the closest resource.....

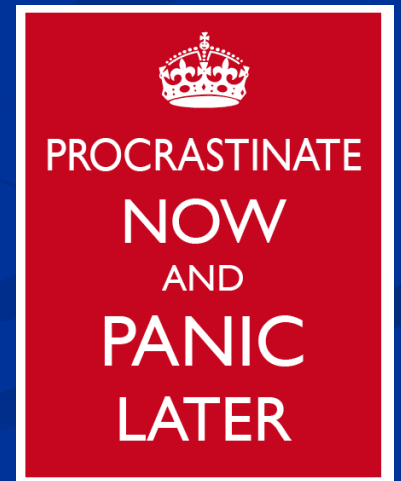
# Scarce Resources

- Making “tough decisions”
- Educating the public and our peers
- Criteria to assist MCA’s with scarce resources during a public health emergency or disaster.



# Origin

- Plan and Prepare in advance for public health emergencies or mass casualty incidents.
- Proactive not reactive
- Remembers “Duty to Provide Care”



# Questions

- If our crews become ill who gets priority treatment?
- Who decides if we “triage dispatch”?
- How will scarce equipment be distributed?
- How will we inform patients we will not transfer them?
- What legal protection do we have?



# Framework

- EMS and 911 systems will have to decide on how they will respond (or not) to the significant influx of patients and needs.
- Provide EMS and MCA's the tool to assist ethical and realistic resource allocation.
- Clear written protocols can reduce likelihood of ethical conflicts.
- Not possible to predict all situations in advance.

# Direction

- Provide access to ethically sound, altered standards of care protocols allowing deviation from established patient care.
- The state will support and assist EMS/ MCA's through protocol to legally deviate from established protocols during public health emergencies.
- Ensure those patients most likely to benefit from evaluation have access to the service.

# State Protocols

- The EMS Division through the QA task force will develop protocols that an MCA can adopt.

# Status

- Document draft is complete and have public release November 18<sup>th</sup> in Livonia.
- This is a dynamic document.



# Burn Surge Plan

- Michigan has a Burn Surge Plan designed to handle 500 seriously burned patients.
- Uses a State Burn Coordination Center (SBCC) at the UM Medical Center.
- Burn Surge Facilities (BSF)
- Plan continues training and awareness.

# Leadership

- RMCC
- MEDDRUN/ CHMPACK
- Scarce Resources
- Burn Surge Plan
- You are a major part of all of this ..



# Thank You

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